

HAIG GIRLS' SCHOOL

51 Koon Seng Road  
Singapore 427072



Telephone: 6344 0293  
Facsimile : 6447 4169

PARENT VOLUNTEER RECRUITMENT FORM

**Particulars of Child**

Name: \_\_\_\_\_ BC No: \_\_\_\_\_ Class: \_\_\_\_\_

**Particulars of Parents**

Name of Father: \_\_\_\_\_ NRIC No: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ NRIC No: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

*Please indicate the areas that you would be able to contribute/participate.*

S/N	Areas	Please indicate with a tick (✓)
1	English Reading for Primary 1	
2	Learning Journeys	
3	Arts & Aesthetics	
4	CCAs (Brownies, Red Cross, Cultural Clubs, Drama, Badminton, Swimming etc. Please state the CCA: _____	
5	Event-based: Total Defence Day, Racial Harmony Day, Sports Day, Children's Day, Chinese New Year, Hari Raya, Deepavali, etc	
6	Project-based: Involvement in Integrated Project Work @ HGS, SPACES, CCA Carnival, etc	
7	Community Involvement Work Please specify area of interest: _____	
8	Workshop / Talk (As a Facilitator) Please identify area of expertise: _____	
9	Any other areas you would like to contribute or participate in (Please Specify) _____	

\_\_\_\_\_  
Name & Signature of Parent

\_\_\_\_\_  
Date